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Basic Filing Fee								\$	710
Multiple Dependent Claim Fee (\$ 270)								\$	
Foreign Language Surcharge (\$ 130)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	17	-20	0	x	\$	18	= \$	
	Independent Claims	2	-3	0	x	\$	80	= \$	
TOTAL FILING FEE								\$	710

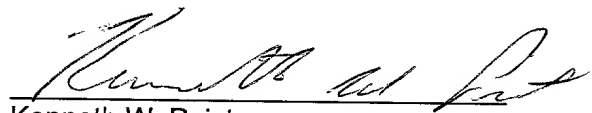
- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$710. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Marla J. Mathias  
Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (609) 252-4526.

Respectfully submitted,



Kenneth W. Peist  
Attorney for Applicants  
Reg. No. 45,006  
Tel. No. (609) 252-3183

Date: September 18, 2001